REQUEST FOR INDEPENDENT MEDICAL EXAMINATION MAINE WORKERS' COMPENSATION BOARD OFFICE OF MEDICAL/REHABILITATION SERVICES

27 STATE HOUSE STATION AUGUSTA, ME 04333-0027 (207) 287-7062

	NSURER FILE NUMBER:		6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-		7. DATE OF BIRTH:		
. EMPLOY	EMPLOYER NAME:		8. EMPLOYEE LAST NAME:		9. FIRST NAME: 10. M		10. M.I.:
. EMPLOY	ER MAILING ADDRESS AND PHON	IE NUMBER:	11. EMPLOYEE ADD	RESS-NUMBER AND STR	EET:		
INSURER	NAME:		12. CITY:	13. STATE:	14. ZIP:	15. HOMI	E PHONE:
. INSUREF	R MAILING ADDRESS:		16. DATE OF INJURY	<u> </u>	17. WCB FII	LE NUMBER:	
3. ADJUST	ER NAME, PHONE AND EMAIL ADI	DRESS:					
	OF INJURY:						
	ME, ADDRESS AND TELEPHONE:						
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IF YES, PE							
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The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711. WCB M-2 (eff. 1/1/13)